

Covid-19 Policies and the Harm-reduction Perspective: the case of Charging Unvaccinated for Health Expenses

Stefano Calboli (University of Minho, Centre for Ethics, Politics and Society)*,
Daniele Santoro (University of Minho, Centre for Ethics, Politics and Society)



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Main point:

Daniel Weinstock has identified a **subset** of policy interventions aimed to affect citizens' behaviours to counteract the spread of the SARS-CoV-2 virus in intermedial stages as suitable for a fruitful application of **Harm Reduction**.

We retain Weinstock's proposal particularly stimulating and consider it **worth to be further explored** toward directions so far overlooked.

A Harm Reduction Approach to the Ethical Management of the COVID-19 Pandemic

Daniel Weinstock, Faculty of Law, McGill University

Corresponding author: Daniel Weinstock, Faculty of Law, McGill University, 3644 Peel st., Montreal H3A 1W9, Canada. Tel: +1 514 952 3763; Email: daniel.weinstock2@mcgill.ca

The post-confinement phase of the COVID-19 pandemic will require that governments navigate more complex ethical questions than had occurred in the initial, 'curve-flattening' phase, and that will occur when the pandemic is in the past. By looking at the unavoidable harms involved in the confinement and quarantine methods employed during the initial phase of the pandemic, we can develop a harm reduction approach to managing the phase during which society will be gradually reopened in a context of managed risk. The principles that are at the heart of such an approach include a reckoning with all of the harms involved in policy choice, including harms that might be given rise to by policy implementation itself; a focus on the harms to which already vulnerable populations are susceptible; and a strong preference for policies that economize on the use of prohibitions and of coercive state enforcement, and that instead emphasize the agency of citizens in realizing health-promoting behavior change. This framework is applied to a policy proposal that has been discussed in policy circles in a number of countries, that of immunity 'passports', and to policies that emphasize the creative use of space and time to achieve physical distancing goals.

What Harm-Reduction is?

- H-R is an approach to policymaking aimed at **mitigating** the harms (internalities and/or externalities) associated with certain behaviours.
- An example, *Needle exchange programs*: providing at little or no cost injecting drug users with clean and unused hypodermic needles, sensibly reduce the chance of contracting HIV and hepatitis B.

All bad principle: Other than considering the primary bad, p-m should also take into account the bads introduced by the policy meant to contrast the primary bad (policy-related bads).

Privileged disadvantaged people principle: Concerning both the impact of the primary bad and the policy-related bads, p-m should pay special attention to the *already* marginalized.

Economize on coercive enforcement principle: P-m can employ coercive measures to mitigate harm but they should use them as little as possible.

Agency-respecting principle: P-m should prefer policy tools that respect citizens' agency.

Is Harm-reduction an ethical blueprint to face the challenges involved in conceiving Covid-19 policies?

We argue for a **mutual enhancement** between Covid-19 policies and Harm-reduction approach:

H-R → Covid-19 policies

- A testing ground, *charging unvaccinated*:
“Citizens who have not been vaccinated (not for medical exemptions) are charged with the health expenses due to the Covid-19-related health issues eventually incurred”.
- *Privileged disadvantaged people principle*:
Wealthy citizens have easier access to the choice of refusing vaccine than those who lack adequate economic means. Socio-economic pre-conditions determine whether citizens **can factually afford** to refuse vaccination or otherwise.

Covid-19 policies → H-R

- **Refining principles**:
 - *Economize on coercive enforcement and Agency-respecting principles*:
Less bounding when pragmatic reasons and/or omission are in place than normative reason and/or action.
 - *Privileged disadvantaged people principle*:
For a less crystallized and more context-dependent concept of “disadvantaged” (the wealthy are not always the advantaged: insulin resistance pathology).

Thank you

calbolistefano@gmail.com



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